

**SECTION  
APPENDIX**

**SUBJECT  
Waiting List Criteria Tool (DPHHS-AMDD-146) Instructions**

**PURPOSE**

This tool was developed to assist Case Management Teams (CMT) in prioritizing each individual's needs. The instrument is designed to compliment professional judgment in determining which applicant is in most need of services. Questions are geared toward assessing specific HCBS needs and to facilitate discussion.

**PROCEDURE**

It is left to the discretion of the CMT on how to use the tool. For example, some teams may choose to use just one form per applicant. Other teams may choose to have each team member fill out a separate form, combine the scores, and average the total scores. The minimum score is 11 and the maximum is 33. Based on the scoring range and professional judgment, determine which individual in the highest range needs the services the most. Use the comment section to add information that will help in this decision. Budget constraints may warrant the selection of an individual with lower needs whose care can be met with limited funds. In these instances, the CMT must document the specific circumstances on the Waiting List Criteria Tool under "comments".

**INSTRUCTIONS**

Applicant--Enter the applicant's name, date of birth, and county.

Social Security—Enter applicant's Social Security number.

Review Dates--Enter date of each review. The initial review must be within 45 days of placement on waiting list. The applicant will be reviewed every 90 days following the initial review.

1. Is the applicant at risk of medical deterioration without services? A score of one would reflect that the applicant is adequately maintaining medically at home. Two would reflect that some of the applicant's medical needs are being met, but additional services could help maintain or improve the applicant's medical status. A score of three would reflect a rapidly deteriorating condition, unmet skilled care needs, recent hospitalization or institutionalization.
2. Is the applicant at risk of psychiatric deterioration without services? A score of one would reflect that the applicant is adequately maintaining psychiatrically at home. Two would reflect that some of the applicant's psychiatric needs are being met, but additional services could help maintain or improve the applicant's psychiatric status. A score of three would reflect a rapidly deteriorating condition or recent psychiatric hospitalization.
3. Does the applicant have cognitive impairment? A score of one would reflect that the applicant is alert and oriented and capable of making good decisions. Two would reflect that the

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individual is perhaps alert and oriented but uses poor judgment or has minor cognitive impairment (e.g., some short-term memory loss). A score of three would reflect consistently poor judgment or inability to function independently without supervision and/or constant reminders.

4. Is applicant in a nursing facility or at risk of institutional placement? A score of one would mean the applicant is not at risk or is at minimal risk (could be institutionalized within the next 6 months). A score of two would indicate the applicant is at moderate risk (could be institutionalized within the next 3 months)? A score of three could mean the applicant is at imminent risk of placement, the family situation will deteriorate without HCBS, the applicant will have to move from independent living or assisted living to a nursing facility, or the applicant is in an institution.
5. Is there a need for services in order to obtain or maintain a stable residence? A score of one would indicate that the applicant has stable housing. A score of three would reflect that the applicant is in jeopardy of losing their housing without services, or that homelessness is an obstacle to discharge from a psychiatric facility or to receiving services. Note: this does not mean that HCBS services are to be used to find housing for the applicant. Case management teams should provide applicant with information on housing.
  - 5a. Applicant cannot discharge from a psychiatric facility due to homelessness. A score of one would indicate that this is not a problem for the applicant. A score of three indicates that homelessness is a significant barrier to discharge.
  - 5b. Applicant is unable to maintain a safe housing situation. Score one if housing is safe and adequate. Score three if there are significant issues that threaten the applicant's safety in the home. An example of this would be if the applicant's housing is unsafe or unsanitary and poses a health or safety threat.
  - 5c. Services are necessary to prevent breakdown of current housing situation. A one indicates no risk; a three would indicate that the applicant's behavior or physical needs are jeopardizing the stability of the applicant's housing.
6. Is there a need for more formal services (paid services)? Score one if services provided are adequate. Score two if the applicant is receiving services but needs additional support. Score three if services are inadequate or funds are running low.
7. Are the existing supports (informal) sufficient at this time? Score one if family or friends are able to provide adequate support. Score two if the applicant is receiving moderate support but could benefit from additional support to maintain or improve the situation. Score three if informal support is absent or inadequate.
8. Does the primary caregiver need relief? Score one if there is no caregiver or caregiver doesn't require relief. Score two if caregiver needs intermittent or occasional relief. Score three if

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caregiver requires immediate or ongoing relief and caregiver health is in jeopardy.

9. Is there a need for adaptive aids or environmental modifications? Score one if the recipient and CMT do not think adaptive aids are necessary. Score two if there is a difference in opinion (the same as above question). Score three if the applicant and CMT both determine there are needs. Then assess for urgency of need.
10. Are there other health and safety issues (not identified in 1-9) that place the applicant at risk? Score one if there are health and safety issues and document specific circumstances in the "comments" section.
11. Does the applicant have progressive dementia? This is a yes and no answer. A yes answer disqualifies the applicant for this particular waiver.

Total Score--Enter the total score obtained on the review date.

Comments--Use this section to include any information that is important for making determinations but is not necessarily addressed in the tool questions. For example, the applicant's current supportive services or specific service needs could be listed. This section can also be used to document status changes between review dates.

CMT Signature: This section to be signed by the CMT completing the tool.

